

**CAMPAIGN FINANCE REPORT  
LOCAL COMMITTEES OF WISCONSIN**

Is This Report an Amendment: ☐ Yes ☒ No

Instructions for completing schedules are on the back of each schedule.

**COMMITTEE IDENTIFICATION**

Name of Committee

**Friends of Grant F. Langley**

Street Address

**P.O. Box 444**

City, State and Zip Code

**Menomonee Falls, WI 53052-0444**

**OFFICE USE ONLY**

Please check if address is different than previously reported, and complete the Campaign Registration Statement in the back of this form. ☐

**NAME OF REPORT**

☐ January Continuing ☐ Pre-Primary ☐ Spring ☐ Fall ☐ Special  
☐ July Continuing ☒ Pre-Election ☐ Spring ☐ Fall ☐ Special

☐ Termination Report  
also complete Schedule 4

**SUMMARY OF RECEIPTS AND  
DISBURSEMENTS**

**1. RECEIPTS**

	Column A This Period	Column B Calendar Year-To-Date
1A. Contributions (Including Loans) from Individuals	\$ - 0 -	\$ - 0 -
1B. Contributions from Committees (Transfers-In)	\$ - 0 -	\$ - 0 -
1C. Other Income and Commercial Loans	\$ - 0 -	\$ - 0 -
<b>TOTAL RECEIPTS</b> (Add totals from 1A, 1B and 1C)	\$ - 0 -	\$ - 0 -

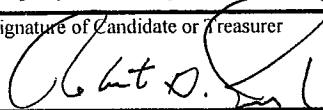
**2. DISBURSEMENTS**

2A. Gross Expenditures	\$ 300.00	\$ 300.00
2B. Contributions to Committees (Transfers-Out)	\$ - 0 -	\$ - 0 -
<b>TOTAL DISBURSEMENTS</b> (Add totals from 2A and 2B)	\$ 300.00	\$ 300.00

**CASH SUMMARY**

Cash Balance Beginning of Report	\$ 3,913.96
Total Receipts	\$ - 0 -
Subtotal	\$ 3,913.96
Total Disbursements	\$ 300.00
<b>CASH BALANCE END OF REPORT</b>	\$ 3,613.96
<b>INCURRED OBLIGATIONS</b> (Balance at the Close of This Period-3A)	\$ - 0 -
<b>LOANS</b> (Balance at the Close of This Period-3B)	\$ 13,000.00

*I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.*

Type or Print Name of Candidate or Treasurer <b>Robert G. Pyzyk, Treas</b>	Signature of Candidate or Treasurer 	Date: <b>3/26/12</b> Daytime Phone: <b>262-251-5330</b>
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NOTE: The information on this form is required by ss.11.06, 11.20, Wis. Stats. Failure to provide the information may subject you to the penalties of ss.11.60, 11.61, Wis. Stats.

GAB-2L (Rev. 12/09) This form is prescribed by the Government Accountability Board. Completed forms must be filed with your local clerk.

Complete Committee Name

**Friends of Grant F. Langley**

Instructions for completing schedules are on the back of each schedule.

Date / /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
Date / /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)		Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
Date / /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
Date / /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
Date / /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
Date / /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
Date / /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
Date / /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		
Date / /	Full Name, Mailing Address and Zip Code	Occupation, Name and Address of Principal Place Of Employment (if year-to-date total exceeds \$100)	Amount	Calendar Year-to-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit	Conduit Name: _____		

**SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE**

\$

**TOTAL ITEMIZED CONTRIBUTIONS**

\$

**TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS**

\$

**TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS**

\$ - 0 -

**SCHEDULE 1-B****RECEIPTS**  
**Contributions from Committees**  
**(Transfers-In)**

Page \_\_\_\_ of \_\_\_\_

Complete Committee Name  
**Friends of Grant F. Langley**

Instructions for completing schedules are on the back of each schedule.

Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
Date / /	Full Name of Committee, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
SUBTOTAL CONTRIBUTIONS (Transfers-In) THIS PAGE		\$	
TOTAL CONTRIBUTIONS (Transfers-In) RECEIVED FROM COMMITTEES		\$	- 0 -

**SCHEDULE 1-C****RECEIPTS**  
**Other Income and Commercial Loans**

Page \_\_\_\_ of \_\_\_\_

Complete Committee Name

**Friends of Grant F. Langley**

Instructions for completing schedules are on the back of each schedule.

Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
Date / /	Full Name, Mailing Address and Zip Code of Source of Income	Type of Income	Amount
SUBTOTAL OTHER INCOME THIS PAGE			\$
TOTAL ITEMIZED OTHER INCOME			\$
TOTAL UNITEMIZED OTHER INCOME \$20 OR LESS			\$
TOTAL OTHER INCOME			\$ - 0 -

**SCHEDULE 2-A****DISBURSEMENTS**  
Gross Expenditures

Page \_\_\_ of \_\_\_

Complete Committee Name

**Friends of Grant F. Langley**

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
3/06/12	<b>Milwaukee Public Market</b> <b>400 N. Water Street</b> <b>Milwaukee, WI 53202</b> Check if: <input type="checkbox"/> In-Kind Offset	<b>Facilities Rental</b>	<b>\$300.00</b>
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
/ /	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made  Check if: <input type="checkbox"/> In-Kind Offset	Specific Purpose of Expenditure	Amount
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 300.00
TOTAL ITEMIZED EXPENDITURES			\$
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$
TOTAL EXPENDITURES			\$ 300.00

**SCHEDULE 2-B**

**DISBURSEMENTS**  
**Contributions To Committees**  
**(Transfers-Out)**

Page \_\_\_\_ of \_\_\_\_

Complete Committee Name

**Friends of Grant F. Langley**

Instructions for completing schedules are on the back of each schedule.

Date / /	Full Name, Mailing Address and Zip Code	Amount	Calendar Year-To-Date Total
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan		
<b>SUBTOTAL CONTRIBUTIONS (Transfers-Out) THIS PAGE</b>		\$	
<b>TOTAL CONTRIBUTIONS (Transfers-Out) MADE TO COMMITTEES</b>		\$	<b>- 0 -</b>

**SCHEDULE 3-A****ADDITIONAL DISCLOSURE**  
**Incurred Obligations Excluding Loans**

Page \_\_\_\_ of \_\_\_\_

Complete Committee Name

**Friends of Grant F. Langley**

Instructions for completing schedules are on the back of each schedule.

		Outstanding Balance Beginning This Period	New Obligations or Additions This Period	Cumulative Payments This Period	Outstanding Balance At Close of This Period
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			
Date / /	Full Name, Mailing Address and Zip Code of Creditor				
		Nature of Debt (Purpose)			

SUBTOTAL ITEMIZED OBLIGATIONS THIS PAGE

\$

TOTAL ITEMIZED OBLIGATIONS

\$

TOTAL UNITEMIZED OBLIGATIONS \$20 OR LESS

\$

TOTAL INCURRED OBLIGATIONS

\$

- 0 -

**SCHEDULE 3-B****ADDITIONAL DISCLOSURE**  
**Loans**  
**Individual, Committee or Commercial**

Page \_\_\_\_ of \_\_\_\_

Complete Committee Name

**Friends of Grant F. Langley**

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
7/1/09	<b>Grant F. Langley</b> <b>12208 W. Douglas Avenue</b> <b>Milwaukee, Wisconsin</b>	<b>\$13,000.00</b>	<b>- 0 -</b>	<b>- 0 -</b>	<b>\$13,000.00</b>

List All Endorsers or Guarantors (if any)

**None**

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding
	\$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding
	\$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding
	\$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding
	\$

Date	Full Name, Mailing Address and Zip Code of Loan Source	Outstanding Balance Beginning of This Period	New Loans This Period	Cumulative Payments This Period	Outstanding Balance End of This Period
/ /					

List All Endorsers or Guarantors (if any)

Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding
	\$
Full Name, Mailing Address and Zip Code of Guarantor	Occupation
	Name and Address of Employer
	Amount Guaranteed Outstanding
	\$

**SUBTOTAL OUTSTANDING LOANS THIS PAGE** **\$ 13,000.00****TOTAL OUTSTANDING LOANS** **\$ 13,000.00**